

Governor's Statewide Youth Council



Application Packet Instructions

Council Overview

The Governor's Office is creating the Governor's Statewide Youth Council. The Youth Council initiative will encourage and motivate young people to be involved in their communities and to participate in problem solving through assuming leadership and planning roles. Once established, the Youth Council will focus on the Governor's priorities of education, economic development, civic engagement, and community outreach, advising the Governor as representatives of all Massachusetts youth.

The Governor's Statewide Youth Council will be comprised of 28 young people **ages 14-20** representing the 14 counties of the Commonwealth of Massachusetts. Members will serve for two years (unless they turn 21 before the end of their term). Applications to the Council will be reviewed by the Governor's Office.

Quarterly meetings will be held at such times and places to be determined by the Secretary of Health and Human Services. In addition to quarterly meetings, youth council members are expected to meet on a regular basis. Meetings may last up to 2 hours and may be photographed, videotaped or recorded. There will be a few full day meetings.

Purpose and Responsibilities

The purpose of the Youth Council:

- *To give young people access to the Governor*
- *To increase youth participation in government*
- *To give young people a significant voice in the decision making process*
- *For young people to develop leadership skills and become active citizens*
- *To create relationships between youth and adult leaders throughout the state*

Role and responsibilities of youth council members:

- *Commitment to serve for 2 years (unless young person turns 21 before end of their term)*
- *Discuss issues important to youth in their community and learn from other communities*

- *Demonstrate a commitment to make a change*
- *Attend scheduled meetings*
- *Work closely with other youth council members and adult sponsor*
- *Work closely with local councils to address youth related issues*
- *Recruit young people into local councils in collaboration with the Governor's Office*
- *Submit report to Governor's Office with recommendations regarding youth related issues and projects carried out by youth*

What You Can Do

This application represents your intention to take part in the Statewide Youth Council. You agree to fulfill the roles and responsibilities listed above as well as further the goals of the Council.

Each member will be paired with an adult sponsor who will be responsible for:

- *Serve as a mentor to the Youth Council Member*
- *Commit to serve for two years (unless council member turns 21 before the end of their term)*
- *Attend quarterly Youth Council meetings and assist in preparation and debriefing for each meeting*
- *Connect the youth member to leadership trainings, educational events and development opportunities*
- *Embrace the philosophy of a youth-led approach*
- *Provide transportation for youth member to council related meetings and events*
- *Help the youth member identify community impact projects and encourage civic engagement among the local youth population*
- *Maintain regular communications with youth member*

You can choose your own sponsor from a youth-serving organization by attaching the "Sponsor Form."

****Please apply even if you do not have an adult sponsor and we will help you identify one.**

The application consists of a data form with short answers, a recommendation form, a sponsor form, and a parent/guardian consent form. Please consult the following checklist to assure that all of your forms are complete before submission:

CHECKLIST:

- ☐ Application Form
- ☐ Short Answer questions
- ☐ Sponsor Form (if applicable)
- ☐ Recommendation Form
- ☐ Parent/Guardian Consent Form

The deadline for completed applications is on Friday, May 30, 2008. If you have any further questions, please contact the Governor's Office of Community Affairs at:

Phone: 617 725-4020

Email: anny.jean-jacques@gov.state.ma.us.

When your application is ready for submission, please send it to:

**Anny Jean-Jacques
Governor's Office of Community Affairs
State House, Room 160
Boston, MA 02133**

Governor's Statewide Youth Council



APPLICATION FORM

Your Contact Information

Name			
Age		Date of Birth	
Street Address			
County			
City		Zip Code	
Home Phone			
Cell Phone			
E-Mail Address			

Your Parent/Guardian's Contact Information

Name			
Street Address			
City		Zip Code	
Home Phone			
Cell Phone			
E-Mail Address			

(continued)→

Diversity Information

The following diversity questions are **VOLUNTARY**; however, please note that the purpose of these questions is to reflect the Commonwealth's commitment to diversity.

Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian / Pacific Islander
	<input type="checkbox"/> Black / African American	<input type="checkbox"/> White
	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Other

The Council should represent a broad cross section of the Commonwealth, including youth from a diverse range of backgrounds, experience, and perspectives. Please let us know of anything about your personal background, experience, perspectives, and any unique attributes or assets that you believe will bring diversity to the group.

Agreements

The following questions are mandatory. Please note that meetings may last up to two hours and may be photographed, videotaped, or otherwise recorded.

☐ I have an organization that can sponsor me and I have read and understand the role of the adult sponsor
 If yes, please indicate the name of organization: _____
 and the name of the sponsor: _____

☐ I do not have an organization that can sponsor me

☐ I agree to be transported to meetings by my adult sponsor

☐ **I do not agree** to be transported to meetings by my adult sponsor

- ☐ I agree to be photographed
- ☐ I **do not** agree to be photographed

- ☐ I agree to be tape recorded
- ☐ I **do not agree** tape recorded

- ☐ I agree to be video taped
- ☐ I **do not** agree to be video taped

- ☐ I will commit to attending all statewide meetings, which will be scheduled so as not to interfere with school schedules.

- ☐ I will commit to meeting regularly in my local area and being a leader in my local community.

Short Answer Questions

Please answer the following questions. If you wish, you may separately attach the answers to these questions in essay format, so long as your answers do not exceed a total of 2 pages.

Why are you interested in joining the Governor's Statewide Youth Council?

What are your expectations in serving on the Governor's Statewide Youth Council? Most importantly, what do you hope to accomplish?

The purpose of the council is to increase youth voice and create positive changes in the community. What skills and resources can you contribute to this goal?

Agreement and Signature

By signing below, I agree that all of this information is true.

Name (printed)	
Signature	
Date	

What to do now?

Send this completed application, along with your recommendation and sponsorship forms, to:

Anny Jean-Jacques
Governor's Office of Community Affairs
State House, Room 160
Boston, MA 02133

Please contact Anny Jean-Jacques with any further questions at (617) 725-4020.

Governor's Statewide Youth Council



ADULT SPONSOR FORM

Youth Applicant's Name: _____

The Governor's Statewide Youth Council was established to encourage and motivate young people to be involved in their communities by taking on leadership roles. The Youth Council will act as an advisory body to the Governor and his Administration in their decision making process, and in this capacity will serve a vital role in connecting youth to state government.

As an adult sponsor, you will be asked to fulfill the following roles:

- Serve as a mentor to the Youth Council Member
- Commit to serve for two years (unless council member turns 21 before the end of their term)
- Attend quarterly Youth Council meetings and assist in preparation and debriefing for each meeting
- Connect the youth member to leadership trainings, educational events and development opportunities
- Embrace the philosophy of a youth-led approach
- Provide transportation for youth member to council related meetings and events
- Help the youth member identify community impact projects and encourage civic engagement among the local youth population
- Maintain regular communications with youth member

Sponsor Contact Information

Name			
Organization			
Street Address			
City		Zip Code	
Office Phone			
Cell Phone			
E-Mail Address			
Relationship to the applicant:			

I _____ have read the information and understand my
 role as an adult sponsor. I agree to support _____
 in his/her role as a member of the Governor's Statewide Youth Council.

Adult Sponsor Signature _____

Date _____

We appreciate your willingness to sponsor this applicant.

If you have any questions, please to contact the Governor's Office of Community Affairs at (617) 725-4020 or by email at anny.jean-jacques@gov.state.ma.us.

Governor's Statewide Youth Council



RECOMMENDATION FORM

Youth Applicant's Name: _____

This recommendation is to be completed by a non-family member adult (e.g. teacher, mentor, program leader, coach, or employer).

This applicant is applying to serve on the Governor's Statewide Youth Council, with the purpose of advising the Governor and his Administration on youth related issues. Two youths will represent each of Massachusetts' fourteen counties, and must be between the ages of 14-20 upon appointment to the Council.

We thank you for you taking the time to evaluate this individual.

If you have any questions, please to contact the Governor's Office of Community Affairs at (617) 725-4020 or by email at anny.jean-jacques@gov.state.ma.us.

Recommender Contact Information

Name			
Organization			
Street Address			
City		Zip Code	
Contact Phone			
E-Mail Address			
Relationship to the applicant:			

Questions

Please describe the applicant in relation to the following questions. For each question, please cite examples if possible. If you need more space, feel free to use the back or to attach the answers in typed form.

How does the applicant demonstrate interest in community-related issues?

How does the applicant demonstrate his/her willingness to work hard?

How does the applicant follow through on assigned tasks?

How does the applicant demonstrate leadership skills?

Why are you recommending this person to serve on the Governor's youth council?

Thank you for your thoughts. Please place this recommendation in a sealed envelope with your signature over the seal so as to retain the confidentiality of your thoughts. Please return this to the applicant to be included in his or her application.

Governor's Statewide Youth Council



PARENT / GUARDIAN CONSENT FORM

Youth Applicant's Name: _____

This applicant is applying to serve on the Governor's Statewide Youth Council, with the purpose of advising the Governor and his Administration on youth related issues. Two youths will represent each of Massachusetts' fourteen counties, and must be between the ages of 14-20 upon appointment to the Council.

We thank you for your willingness to allow your child to serve on the Governor's Statewide Youth Council.

If you have any questions, please contact the Governor's Office of Community Affairs at (617) 725-4020 or by email at anny.jean-jacques@gov.state.ma.us.

Parent / Guardian Contact Information 1

Name			
Street Address			
City		Zip Code	
Home Phone			
Work Phone			
Cell Phone			
E-Mail Address			
Relationship to the applicant:			

Parent / Guardian Contact Information 2 (if applicable)

Name			
Street Address			
City		Zip Code	
Home Phone			
Work Phone			
Cell Phone			
E-Mail Address			
Relationship to the applicant:			

I have read and understand the information provided. I agree to allow my child

_____ to serve on the Governor's Statewide Youth Council.
(Print your child's name)

Further agreements:

- ☐ My child has an organization that can sponsor him/her and I have read and understand the role of the adult sponsor
 If yes, please indicate the name of organization_____
- ☐ My child does not have an organization that can sponsor him/her
- ☐ My child may be transported to meetings by his/her adult sponsor
- ☐ My child **may not** be transported to meetings by his/her adult sponsor
- ☐ My child **may** be photographed
- ☐ My child **may not** be photographed
- ☐ My child **may** be tape recorded
- ☐ My child **may not** be tape recorded
- ☐ My child **may** be video taped
- ☐ My child **may not** be video taped

 Print Parent/Guardian Name

 Signature of Parent or Guardian & Date